Effective October 1, 2001 8/993, 10 9													/
CLAIMS AS FILED - PART (Column 1)					•			SMALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS							_	RATE		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 9=		-	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*			X42=	1		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+140=				+280=	
* If			less than zero, enter		"0" in column 2		•	TOTAL			OR OR	TOTAL	
2	- フ ー c	ر LAIMS AS A) - PAR	- PART II						JOH	OTHER	THAN	
		(Column 1)	(Column 2)			(Column 3)	mn 3) SMALL			NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 24	Minus	** 2	-5	= _		X\$ 9=	-		OR	X\$18=	
	Independent	• 6	Minus	*** (o .	= _		X42=	1	-	OR	X84=	/
<u> </u>	FIRST PRESE	NTATION OF MI	JETIPLE DE	PENDEN	CLAIM		J	+140=			OR	+280=	/
								TOT				TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FI	EE L		10.1	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=	
	Independent	•	Minus	***		<u> -</u>		X42=			OR	X84=	
	FIRST PRESE	NTATION OF ME	JETIPLE DE	PENDENT	CLAIM		J	+140=			OR	+280=	
							•	TOTA ADDIT, FI			OR	TOTAL ADDIT. FEE	
	·	(Column 1)		(Colu		(Column 3)				•			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=	.		OR	X\$18=	
	Independent	*	Minus	ent		=		X42=	1			X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM]		\dashv		OR		
* :	f the entry in eater	mn 1 is less than ti	na aothr in col	umo 2 umil	a TOP in an	himo 3		+140=	_1		OR	+280=	
** [f the "Highest Nu If the "Highest Nu	min 1 is less than to mber Previously Pa imber Previously Pa nber Previously Pa	aid For IN TH aid For IN TH	IS SPACE	s less that is less tha	n 20, enter "20 in 3, enter "3."		TOTA ADDIT. Fill and in the	EL	ropriate box		TOTAL ADDIT, FEE Jumn 1.	

FORM PTO-875 (Rev. 8/01)

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